

<b>Case Number:</b>	CM15-0106145		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male with an industrial injury dated 07/29/2014. The injured worker's diagnoses include cervical spine strain, thoracic spine strain and right shoulder strain. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 05/13/2015, the injured worker reported pain in the neck, upper back and right shoulder/arm. Objective findings revealed diminished sensation in the right lateral shoulder. Treatment plan consisted of diagnostic studies. In a progress note dated 5/26/2015, the injured worker reported no improvement of the right shoulder. Right shoulder exam revealed positive impingement sign with weakness of the rotator cuff components and limited range of motion in the right shoulder. The treating physician prescribed services for magnetic resonance Imaging (MRI) of right shoulder now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Shoulder, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in July 2014 and continues to be treated for neck, upper back, and right shoulder and arm pain. When seen, there was positive impingement testing with rotator cuff weakness. There was decreased right shoulder range of motion. The claimant had an MRI of the right shoulder in September 2014. Criteria for MRI scanning include a significant change in symptoms and / or findings suggestive of significant pathology. In this case, the claimant has already had an MRI of the shoulder. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A repeat MRI is not medically necessary.